

District: _____

District Number: _____

Special Education Cooperative: _____

Contact Person: _____

Phone Number: _____

Principal: _____

Date of Request: _____

***Kentucky Department of Education
Division of Exceptional Children Services***

**REQUEST TO EXCEED MAXIMUM CASELOAD, CLASS SIZE AND/OR
GRADE RANGE REQUIREMENTS DURING THE 2004-2005 SCHOOL YEAR
(707 KAR 1:350)**

TEACHER NAME: _____

SOCIAL SECURITY # _____

GRADES TAUGHT: _____

SPECIAL EDUCATION CODE: _____

SCHOOL: _____

TYPE OF CLASSROOM: _____

SCHOOL LEVEL: _____

GRADES TAUGHT AT THIS SCHOOL: _____

TYPE OF REQUEST (Check all that apply):

EXCEEDING TOTAL CASELOAD: _____

EXCEEDING CLASS SIZE: _____

EXCEEDING TOTAL GRADE RANGE: _____

1. Has a Waiver Request been approved for this teacher in the last two school years?

Yes _____

No _____

2. Briefly explain the unusual circumstances and specific reasons that warrant this request.

3. Is there a full-time instructional aide assigned to this teacher for each class period?

Yes _____

No _____

If no, is there an aide assigned to the special education teacher when the number or grade range of the students exceeds regulatory allowances?

Yes _____

No _____

4. Is this teacher assigned to teach any general education classes (*not including collaboration*) during the instructional day?

5. TOTAL CASELOAD: _____ TOTAL GRADE RANGE: _____ - _____
(e.g., K-8, 7-12)

6. Is this class/unit located at a school campus that is age and grade level appropriate for the students being served? (e.g., High school age or grade level students are not being served at a unit located on a middle or primary school campus.)

Yes _____

No _____

DESCRIBE TEACHERS DAILY SCHEDULE
INCLUDE CASELOAD, CLASS SCHEDULE AND GRADE RANGE PER PERIOD

Attach the plan for reducing the membership and/or age range for this class prior to the beginning of next school year.

If granted, this waiver will not impede any exceptional child from achieving his or her individual education program in the least restrictive environment (KRS 157.360(4)).

Superintendent Signature

FOR OFFICE USE ONLY

REQUEST NO.: _____ DATE: _____

APPROVED: _____ DATE: _____
(Reviewer's Initials)

NOT APPROVED: _____ DATE: _____
(Reviewer's Initials)

CORRECTIVE ACTION PLAN APPROVED: _____
(Reviewer's Initials) Date